

REC'D APR 22 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

11886

1. PLACE OF DEATH

County Randolph  
Township  
City Moberly, Mo. (No. Woodland Hospital)

Registration District No. 735  
Primary Registration District No. 3034

File No. ....  
Registered No. 74  
St. .... Ward)

2. FULL NAME

(a) Residence, No. College Mound St. Ward. College Mound

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie J. Shawk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>44</u>	<u>5</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clifton Hill Mo.

13. NAME Malcom Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

15. MAIDEN NAME Serena Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clifton Hill Mo.

17. INFORMANT Jessie J. Shawk

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Carmel DATE 3-23-38

19. UNDERTAKER (ADDRESS) Tipton Moberly, Mo.

20. FILED Mar 24, 1938 Ethel B. Butler Registrar. 662

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1938, to March 21, 1938

I last saw her alive on March 21, 1938 Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

Emphysema

Date of onset

1 w/p

Other contributory causes of importance:

measles

Name of operation No Date of 0

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 19 0

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify 0

(Signed) Dr. J. J. ... M. D.

(Address) 300 1/2 W. Reed St., Moberly, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Fleming

1938-5-19  
12-8-8561